

ILLINOIS DEPARTMENT OF TRANSPORTATION
ECONOMIC DEVELOPMENT PROGRAM

Employment Reporting Form

Date: ____/____/____

Initial Application

☐

Annual Report

☐

1st yr. 2nd yr. 3rd yr. 4th yr. Final
(Circle appropriate report type)

Application Tracking Number:
(Assigned by IDOT)

COMPANY INFORMATION

Name of Company

Chief Officer or authorized designee

Title

Address

Phone Number

E-mail address (optional)

Standard Industrial Classification Number
(SIC #)

North American Industry Classification System
(NAICS)

SPONSOR INFORMATION

Sponsor (Unit of Government)

Contact Person

Title

Address

Phone Number

E-mail address (optional)

Number of Employees at the Time of Application:

Job Classification	Hourly Wage Scales and/or Annual Salaries by Classification	Total Number of Positions	Permanent Full-Time	Part-Time	Temporary
	<u>TOTAL:</u>				

Number of Employees Created as the Result of Assistance at the Time of this Report

Job Classification	Hourly Wage Scales and/or Annual Salaries by Classification	Total Number of Positions	Permanent Full-Time	Gain or (Loss)	Part-Time	Gain or (Loss)	Temporary	Gain or (Loss)
	<u>TOTAL:</u>							

NOTE: The employee information should be for the specific site for which IDOT assistance was received. Job gain or loss should be calculated from the date of assistance, which for IDOT purposes is the date the local interagency joint agreement is executed.

Jobs Retained as the Result of Assistance at the Time of this Report

Job Classification	Hourly Wage Scales and/or Annual Salaries by Classification	Total Number of Positions	Permanent Full-Time	Gain or (Loss)	Part-Time	Gain or (Loss)	Temporary	Gain or (Loss)
	TOTAL:							

NOTE: The employee information should be for the specific site for which IDOT assistance was received. Job gain or loss should be calculated from the date of assistance, which for IDOT purposes is the date the local interagency joint agreement is executed.

List all other forms of development assistance requested and the state granting body from which that development assistance is being requested. If Department of Commerce and Economic Opportunity funds have been received, see attached form for listing of fund types.

[illegible]

Please write a short narrative describing why the development assistance was needed and (if necessary) how the recipient's use of the Economic Development Program funding has reduced employment at any site in Illinois.

Amount of Economic Development Program funds committed to this project from IDOT \$ _____

Starting Date of Assistance (Execution date of Local Intergovernmental Agreement) _____/_____/_____

I, _____, as the Chief Officer (or authorized designee) of the recipient verify that the information in the progress report contains no knowing misrepresentation of material facts upon which eligibility for development assistance is based. I further certify that, to the best of my knowledge, the recipient is in compliance with the development assistance agreement(s) between, or behalf of, the recipient and the Illinois Department of Transportation.

(Signature) (Date)

(Title)

Granting Body of Economic Development Program Funds: Illinois Department of Transportation
Mr. Dick Smith, Director
Office of Planning and Programming
2300 South Dirksen Parkway
Springfield, Illinois 62764

Please mail form to: Illinois Department of Transportation
Mr. Keith Sherman
Office of Planning and Programming, Rm. 307
2300 South Dirksen Parkway
Springfield, Illinois 62764

Attn: Economic Development Program

Phone (217) 782-0378

**Department of Commerce and Economic Opportunity
Assistance Programs**

(Mark all assistance received and enter value of assistance)

<u>Check applicable assistance programs(s)</u>	<u>Amount of Assistance</u>	<u>Agreement Number</u>
<u> </u> Large Business Development Assistance Program (Enter the amount of the grant award)	_____	# _____
<u> </u> Business Development Public Infrastructure Program (Enter the amount of the grant award)	_____	# _____
<u> </u> Employee Investment Training Program (Enter the amount of the grant award)	_____	# _____
<u> </u> EDGE Tax Credit (Enter estimated one year value of tax credit)	_____	# _____
<u> </u> High Impact Business Designation (Enter estimated value of HIB tax credits and exemptions during preceding calendar year)	_____	# _____
<u> </u> Enterprise Zone Expanded M&E sales tax exemption (Enter estimated value of exemption during preceding calendar year)	_____	# _____
<u> </u> Enterprise Zone State utility tax exemption (Enter estimated value of exemption during preceding calendar year)	_____	# _____